PART B - FEE(S) TRANSMITTAL inplete and send this form, together with applicable fee(s), to: Mail Mail Stop IS Commissioner for Patents P.O. Box 1450 MAY 0 1 2006 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 26694 7590 02/02/2006 Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. VENABLE LLP P.O. BOX 34385 **WASHINGTON, DC 20045-9998** (Depositor's name) (Signature) (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 01/14/2004 10/756,383 James J. Jaklitsch 13346-191189 1860 TITLE OF INVENTION: GYROSCOPIC SYSTEM FOR BORESIGHTING EQUIPMENT APPLN, TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE NO \$1400 nonprovisional \$300 \$1700 05/02/2006 **EXAMINER** ART UNIT **CLASS-SUBCLASS** GUADALUPE, YARITZA 2859 033-286000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list VENABLE, LLP (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence or agents OR, alternatively, Address form PTO/SB/122) attached. Jeffri A. Kaminski (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) AAI Corporation Hunt Valley, MD 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0261 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATTE TRADEMAN	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/756,383-Conf. #1860		
& TRADEMAN	FEE TRANSMITTAL For FY 2006			Filing Date		January 14, 2004			
						James Jaklitsch			
,							Y. Guadalupe		
,,	Applicant claims small entity status. See 37 CFR 1.27				Art Unit 28		2859		
¥	TOTAL AMOUNT OF PAYMENT (\$) 1,700.00						5-191189		
	METHOD OF PAYMENT (	check all	that apply)						
	Check Credit Card		Money Order	Noi	ne Other (	(please identi	fy):		
	X Deposit Account Deposit	Account Nur	count Name: Venable LLP						
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling								filing fee
	Charge any additional fee(s) or underpayment of								
	FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
	1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		FILII	NG FEES	\$E	ARCH FEES	EXAMIN	ATION FEES	}	
ię.	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)
	Utility	300	150	500		200	100		
	Design	200	100	100	50	130	65		
ù	Plant	200	100	300	150	160	80		
	Reissue	300	150	500	250	600	300		
	Provisional	200	100	0	0	0	0		
	2. EXCESS CLAIM FEES							S	mall Entity
	Fee Description							Fee (\$)	Fee (\$)
	Each claim over 20 (including	Reissue	s)					50	25
	Each independent claim over	3 (includ	ing Reissues)					200	100
	Multiple dependent claims							360	180
	Total Claims Extra Cla	Fee	Paid (\$)	•	Itiple Depend				
	HP = highest numer of total claims ;	x paid for, if g				<u>Fee</u>	<u>e (\$)</u>	Fee Paid (\$)	
	Indep. Claims Extra Cla	ims	Fee (\$)	Fee	Paid (\$)		<del></del> -		-
	3 - 8 = HP = highest numer of independent	claims pai	d for, if greater than 3	3.					
	3. APPLICATION SIZE FEE						<del></del> -		-
	If the specification and draw listings under 37 CFR 1.5 sheets or fraction thereof.	2(e)), the	e application size	fee di	ie is \$250 (\$125	for small en			
		Sheets			idditional 50 or fra		Fee (\$)	Fee P	aid (\$)
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	4. OTHER FEE(S)							Fees P	Pald (\$)
	Other (e.g., late filing surc		1501 Utility issu 1504 Publicatio		or early, volunt	ary, or nori	mal	•	0.00
	SUBMITTED BY	///-	5. 01	1					
	Signature /	1/10			Registration No. (Attorney/Agent)	42,709	Telephone	(202) 344	-4000

Name (Print/Type) deffri A. Kaminski

Date

May 1, 2006